

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Integra Telecom of Minnesota, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 1201 N.E Lloyd Blvd., Suite 500, Portland, OR 97232

Name of Agent Designated to Receive Notification of Claimed Infringement: Deborah Harwood

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

1201 N.E. Lloyd Blvd. Suite 500
Portland, OR 97232

Telephone Number of Designated Agent: (503) 453-8000

Facsimile Number of Designated Agent: (503) 453-8223

Email Address of Designated Agent: deborah.harwood@integratelecom.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 3/3/05

Typed or Printed Name and Title: Deborah Harwood, General Counsel,
Vice President and Secretary

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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